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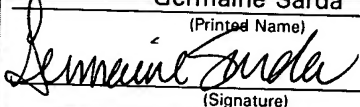
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Atty. Dkt. No. 041673-2053

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tuszynski, Mark H.
Title: METHODS FOR THERAPEUTIC
USE OF BRAIN DERIVED
NEUROTROPHIC FACTOR IN
THE ENTORHINAL CORTEX

Appl. No.: Unknown
Filing Date: December 31, 2001
Examiner: Unknown
Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.	
EV003596009US	December 31, 2001
(Express Mail Label Number)	(Date of Deposit)
Germaine Sarda	
(Printed Name)	
	
(Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Mark H. Tuszynski
7508 Mar Avenue
La Jolla, CA 92037

☒ Applicant claims small entity status under 37 CFR 1.27

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (22 pages).
- ☒ Application Data Sheet (37 CFR 1.76).
- ☒ Return postcard.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	16	- 20	= 0	x \$18.00	= \$0.00
Independents:	1	- 3	= 0	x \$84.00	= \$0.00
If any Multiple Dependent Claim(s) present:				+ \$280.00	= \$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee				+ \$130.00	= \$130.00
				SUBTOTAL:	= \$870.00
[X] Small Entity Fees Apply (subtract ½ of above):				=	\$435.00
TOTAL FILING FEE:				=	\$435.00

[X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 1-31-01

By Stacy L. Taylor

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1003908-123101